

<b>Case Number:</b>	CM13-0014725		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old male who reported an injury on 03/10/2010. The mechanism of injury was the injured worker stepped on a huge cement pad that had not hardened, slipped, fell backward and injured his shoulder. The injured worker's diagnoses included cervical spinal stenosis, cervical neuritis NOS, shoulder region DIS NEC and cervicgia. The examination of 07/16/2013 revealed the injured worker had stable muscle strength throughout. There was a mild decrease in the range of motion in left shoulder abduction due to pain. There was tenderness to palpation of the left shoulder, mainly in the subacromial area. There was mild to moderate tenderness to palpation of the posterior cervical spine and paraspinals with mild paravertebral muscle tightness. The treatment plan included the injured worker was complaining of neck pain and symptoms in the upper extremities, mainly to the left and electrodiagnostic studies of the left upper extremity were indicated to assess for neuropathic processes including radiculopathy. The request was made for an EMG. Additionally, treatment included psychological counseling and treatment for chronic pain for 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG/NCS LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The objective physical examination failed to indicate the injured worker had subtle, focal, neurologic dysfunction. There was a lack of documentation dermatomal and myotomal findings to support the necessity for an EMG/NCV. The physician documented they were requesting an EMG, not an NCV. The request as submitted was for both. There is no documented rationale for both studies. The request for an EMG/NCS of the left upper extremity is not medically necessary or appropriate.

#### **INITIAL PSYCH SESSIONS #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend cognitive behavioral therapy for an initial trial of three to four individual sessions over two weeks and up to six to ten sessions with evidence of objective functional improvement. It was indicated the injured worker should have the sessions per the AME. However, the AME was not provided for review. The clinical documentation failed to support a necessity to exceed guideline recommendations. The request for initial psyche, twelve sessions, is not medically necessary or appropriate.

#### **TWELVE PHYSICAL THERAPY SESSIONS TO THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy Section.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that physical medicine treatment is recommended with a maximum of eight to ten visits for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the injured worker reported injury on March 10, 2010. There was a lack of documentation indicating the quantity of sessions of physical therapy the injured worker had previously attended. There was a lack of documentation of objective functional benefit that was received from the prior therapy and there was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. The request for twelve physical therapy sessions to the cervical spine is not medically necessary or appropriate.